

APPLICATION DATA SHEET**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: ANTENNA-COUPLED MICROBOLOMETER

Attorney Docket Number:: 017750-848

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Seong-Hwoon

Middle Name::

Family Name:: KIM

Name Suffix::

City of Residence:: Ocoee

State or Province of Residence:: Florida

Country of Residence:: US

Street of Mailing Address:: 1759 Slough Court

City of Mailing Address:: Ocoee

State or Province of Mailing Address:: Florida

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 34761

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: A.
Family Name:: LEBLANC
Name Suffix::
City of Residence:: Clermont
State or Province of Residence:: Florida
Country of Residence:: US
Street of Mailing Address:: 12012 Skyview
City of Mailing Address:: Clermont
State or Province of Mailing Address:: Florida
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 34711

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Lee
Middle Name:: A.
Family Name:: MIRTH
Name Suffix::
City of Residence:: Orlando
State or Province of Residence:: Florida
Country of Residence:: US
Street of Mailing Address:: 8514 Sunny Hollow Court
City of Mailing Address:: Orlando
State or Province of Mailing Address:: Florida
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 32819

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/025878	08/20/03
PCT/US2003/025878	Claiming Benefit under 35 USC 119(e)	60/404,391	08/20/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignee Information

Assignee Name::	Lockheed Martin Corporation
Street of Mailing Address::	6801 Rockledge Drive
City of Mailing Address::	Bethesda
State or Province of Mailing Address::	Maryland
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	20817